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| 1 12.19 PATENT APPLICATION FEE DETERMINATION RECO                        |   |   |   |                  |                                     |                  |                     | Application or Docket Number |  |              |                     |                        |  |
|--|---|---|---|------------------|-------------------------------------|------------------|---------------------|------------------------------|--|--------------|---------------------|------------------------|--|
| Effective October 1, 1996  |   |   |   |                  |                                     |                  |                     |                              | 03/10/457  |              |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |   |                  |                                     |                  | SM                  | SMALL ENTITY                 |  |              |                     | R THAN<br>ENTITY       |  |
| FOF  | }   | NUMB                                      | IUMBER FILED                            |                  | NUMBER EXTRA                        |                  | RAT                 | ΓE                           | FEE  |              | RATE                | FEE                    |  |
| BAS  | IC FEE  |   | • |                  |                                     |                  |                     |                              | 385.00   | OR           | 1                   | 770.00                 |  |
| тот  | AL CLAIMS   |   | 35 minu                                 | 5 minus 20 =     |                                     | . 15             |                     | 1=                           |  | OR           | x\$22=              | 330                    |  |
| <b> </b>   | EPENDENT CL   | · <u> </u>                                | 3 minus 3 =                             |                  | *                                   |                  | x40=                |                              | OR   | x80=         |                     |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |   |                  |                                     |                  | +130=               |                              | OR   | +260=        |                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |   |                  |                                     |                  | TOTAL               |                              | OR   | TOTAL        | 1100                |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |   |                  |                                     |                  |                     |                              |  |              | OTHE                | R THAN                 |  |
|  |   | (Column 1)                                |   | <u> </u>         | olumn 2)                            | (Column 3) SMA   |                     | AL                           | L ENTITY   | OR           |                     | ENTITY                 |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NL<br>PRE        | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RAT                 | Έ                            | ADDI-<br>TIONAL<br>FEE   |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | 3/  | Minus                                   | 9                | 5                                   | =                | x\$1                | l =                          |  | OR           | x\$22=              |                        |  |
|  | Independent   | 1 2                                       | Minus ,                                 | ***              | <u> </u>                            | = .              | x40                 | =                            |  | <b>OR</b>    | x80=                |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                  |                                     |                  |                     | <del>.</del><br>)=           |  | OR           | +260=               |                        |  |
| ,  | (Column 1) (Column 2) (Column 3)  |   |   |                  |                                     |                  | TOTAL<br>ADDIT. FEB |                              |  | OR ADDIT FEE |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIC<br>NU<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RAT                 | E                            | ADDI-<br>TIONAL<br>FEE   |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | * F - 3 - 1                               | Minus                                   | **               |                                     | =                | <b>x\$1</b> 1       | =                            |  | OR           | x\$22=              |                        |  |
|  | Independent   | *   | Minus                                   | ***              |                                     | =                | x40                 | =                            |  | OR           | x80=                |                        |  |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                  |                                     |                  |                     | )=                           |  | OR           | +260=               | 75 554                 |  |
|  | $\wedge$  | (Column 1)                                | ż                                       | (Co              | olumn 2)                            | (Column 3)       | TO<br>ADDIT. I      | TAL                          | . :  | OR           | TOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NU<br>PRE\       | GHEST<br>IMBER<br>/IOUSLY<br>D FOR  | PRESENT<br>EXTRA | RAT                 | E                            | ADDI-<br>TIONAL<br>FEE   |              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total '   | . 31                                      | Minus                                   | **               | 31                                  | =                | x\$11               | =                            | -  | _OR          | x\$22=              |                        |  |
|  | Independent   | 3   | Minus                                   | ***              | 3                                   | =                | x40                 | =                            | اخذ بسر  | , OR:        | x80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                  |                                     |                  |                     | )=                           | Service Control of the Control of th | OR           | +260=               |                        |  |
| *** If t   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                  |                                     |                  |                     |                              |  |              |                     |                        |  |